

Exhibit D

## Maryland Public Information Act Manual (14th ed., October 2015)

## Appendix D-1

## AFFIDAVIT OF INDIGENCY

(Annotated Code of Maryland, General Provisions Article § 4-206)

I, Joyce Rulapaugh, have submitted a request for public records under the Public Information Act (Md. Code Ann., Gen. Prov. §§ 4-101 – 4-601) and wish to request a waiver of any fee that would otherwise be required in order to process my request. I am unable to pay the necessary fee because I am indigent.

I respectfully submit that:

1. There are 1 family members living in my household, including myself. (Do not include renters or temporary guests.)

2. The total gross household income (before taxes) is \$ 1,770.00 (total income earned by all persons in the household) per ☐ WEEK / ☒ MONTH / ☐ YEAR (check appropriate reporting period).

3. The gross household income (before taxes) is from the following sources (list amounts before taxes) per ☐ WEEK / ☐ MONTH / ☐ YEAR:

- ☐ Wages ..... \$ \_\_\_\_\_
- ☐ Commissions/Bonuses ..... \$ \_\_\_\_\_
- ☒ Social Security/SSI DISABILITY ..... \$ 1,770.00
- ☐ Retirement Income ..... \$ \_\_\_\_\_
- ☐ Unemployment Insurance ..... \$ \_\_\_\_\_
- ☐ Temporary Cash Assistance ..... \$ \_\_\_\_\_
- ☐ Alimony/Spousal Support ..... \$ \_\_\_\_\_
- ☐ Rent received from tenants ..... \$ \_\_\_\_\_
- ☐ Any Other Income (Do not include food stamps/SNAP) ..... \$ \_\_\_\_\_

I affirm under the penalties of perjury that what I have said above is true to the best of my knowledge, information, and belief.

Joyce Rulapaugh  
Party Signature

Joyce Rulapaugh  
Party Name

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11/2/18  
Date